

**MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.**

ATTORNEYS AT LAW

1800 DIAGONAL ROAD, SUITE 370

ALEXANDRIA, VIRGINIA 22314

JOHN R. MATTINGLY\*  
DANIEL J. STANGER  
SHRINATH MALUR\*  
CARL I. BRUNDIDGE\*

DONNA K. MASON\*

COLIN D. BARNITZ  
GENE W. STOCKMAN  
OF COUNSELJEFFREY M. KETCHUM  
Registered Patent Agent

\* Bar Membership Other Than Virginia

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To: Examiner V. Perungavoor  
Group Art Unit 2132, USPTO

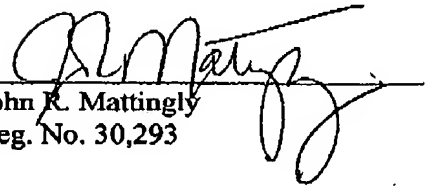
From: Mr. John R. Mattingly  
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/803,945  
Attorney Docket No.: TSM-37

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal;  
Amendment; and  
English translation of JP 2003-154870, including translator's statement.**



John R. Mattingly  
Reg. No. 30,293

November 28, 2007  
Date

Total Number of Pages (including cover sheet): \_\_\_\_

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Form PTO-1083

Patent

In RE application of K. SHIMOOKA et al

Case Docket No. TSM-37

Serial No.: 10/803,945

Group Art Unit: 2132

For: DATA PROTECTING APPARATUS AND METHOD,  
AND COMPUTER SYSTEM

Examiner: V. Perungavoor

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) Claims Remaining After Amendment		(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra
Total		Minus	**	=
Indep.		Minus	***	=
<input type="checkbox"/> First presentation of Multiple Dependent Claims				

SMALL ENTITY	
Rate	Additional Fee
X 25	\$
X 100	\$
X 180	\$
Total	\$

OR

OTHER THAN A SMALL ENTITY	
Rate	Additional Fee
X 50	\$
X 200	\$
X 360	\$
Total	\$

OR

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$\_\_\_\_\_.
- ☐ A Credit Card Payment Form in the amount of \$\_\_\_\_\_ is attached
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

Mattingly, Stanger, Malur & Brundidge, P.C.  
1800 Diagonal Road, Suite 370  
Alexandria, Virginia 22312  
Tel: (703) 684-1120  
Fax: (703) 684-1157

By:

John R. Mattingly, Reg. No. 30,293  
Attorney for Applicant(s)

Date: November 28, 2007